**THE MAPLES**

**Complaint & Comment Patient Information Leaflet**

**Document Control**

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**B. Document Details**

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**The Maples Health Centre**

**Complaint & Comment Patient Information Leaflet**

**COMPLAINING ON BEHALF OF SOMEONE ELSE**

Please note that THE MAPLES HEALTH CENTRE keeps strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, the practice needs to know that you have their permission to do so. A note signed by the person concerned will be required, unless they are incapable of providing this due to illness or disability.

A Third Party Consent Form is provided below.

**COMPLAINING TO OTHER AUTHORITIES**

The practice management team hope that if you have a problem you will use the Practice Complaints Procedure.

However, if you feel you cannot raise your complaint with us, you can contact any of the following bodies:

**HERTS & WEST ESSEX INTERGRATED CARE BOARD**

Herts and West Essex integrated care board - [hweicbwe.patientfeedback@nhs.net](file:///\\itsnhs.net\E82063DFS\SurgeryShares\Shared\All%20practice%20documents\documents\hweicbwe.patientfeedback@nhs.net)

Charter House ,Parkway, Welwyn Garden City, Hertfordshire. AL8 6JL  Telephone 01992 566122

**Patient Advisory Liaison Services (PALS)**

PALS provide a confidential service designed to help patients get the most from the NHS. PALS can tell you more about the NHS complaints procedure and may be able to help you resolve your complaint informally. Your local PALS office can be found using the web address below:<https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/>

**OMBUDSMAN**

If you are not happy with the response you have received from this practice, you can refer your complaint to the Parliamentary and Health Service Ombudsman who investigates complaints about the NHS in England.

The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

You can call the Ombudsman’s Complaints Helpline on 0345 015 4033 or <http://www.ombudsman.org.uk> or Textphone (Minicom): 0300 061 4298

**CONTACTING THE CARE QUALITY COMMISSION**

If you have a genuine concern about a staff member or regulated activity carried out by this Practice then you can contact the Care Quality Commission on 03000 616161, or alternatively visit the following website:

<http://www.cqc.org.uk>

**LET THE PRACTICE KNOW YOUR VIEWS**

THE MAPLES is always looking for ways to improve the services it offers to patients. To do this effectively, the practice needs to know what you think about the services you receive. Tell us what we do best, where we don’t meet your expectations plus any ideas and suggestions you may have. Only by listening to you can the practice continue to build and improve upon the service it offers.

**PRACTICE COMPLAINTS PROCEDURE**

If you have a complaint about the service you have received from any member of staff working in this practice, please let us know. The practice operates a Complaints Procedure as part of the NHS system for dealing with complaints. Our complaints system meets national criteria.

Note: If you make a complaint it is practice policy to ensure you are not discriminated against, or subjected to any negative effect on your care, treatment or support.

**HOW TO COMPLAIN**

In the first instance please discuss your complaint with the staff member concerned. Where the issue cannot be resolved at this stage, please contact a member of the Practice Management team who will try to resolve the issue and offer you further advice on the complaint’s procedure. If your problem cannot be resolved at this stage and you wish to make a formal complaint please let us know as soon as possible, ideally within a matter of days. This will enable the practice to get a clear picture of the circumstances surrounding the complaint.

If it is not possible to raise your complaint immediately, please let us have details of your complaint within the following timescales:

• Within 12 months of the incident that caused the problem

**OR**

• Within 12 months from when the complaint comes to your notice

We will acknowledge your complaint within three working days and aim to have fully investigated within 10 working days of the date it was receive. If we expect it to take longer, we will explain the reason for the delay and tell you when we expect to finish.

When the practice looks into your complaint it aims to:

• Ascertain the full circumstances of the complaint

• Make arrangements for you to discuss the problem with those concerned, if you would like this

• Make sure you receive an apology, where this is appropriate

• Identify what the practice can do to make sure the problem does not happen again

You will receive a final letter setting out the result of any practice investigations.

A Complaint / Comment Form is provided below.

**COMPLAINT / COMMENT FORM**

**PATIENT’S FULL NAME:**

**DATE OF BIRTH:**

**TELEPHONE NUMBER:**

**ADDRESS:**

**Complaint details: (Include dates, times, and names of practice personnel, if known)**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………...................................................................................................................................................**

**(CONTINUE OVERLEAF IF NECESSARY)**

**SIGNED:**

**PRINT NAME:**

**DATE:**

**THIRD-PARTY CONSENT FORM**

**PATIENT'S FULL NAME:**

**DATE OF BIRTH:**

**TELEPHONE NUMBER:**

**ADDRESS:**

**ENQUIRER / COMPLAINANT NAME:**

**TELEPHONE NUMBER:**

**ADDRESS:**

**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.**

**I fully consent to my doctor releasing information too and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.**

**This authority is for an indefinite period / for a limited period only (delete as appropriate)**

**Where a limited period applies, this authority is valid until…………………………... (insert date)**

**Signed:**

**(Patient only)**

**Date:**